

Form PRO-06-01 Version 1.3

BIDDER'S QUESTIONNAIRE ACTED TUNISIA/LIBYA

Date : 16/03/2020

Tender N° : T/FWA/1499/1899/LOCATIONVHL/TUNIS/LOG/16/03/2020

PART I: INFORMATION							
A. Company Details and General Information							
Name of Company		Trading As					
Address							
(headquarters)		Telephone					
Zip Code							
(headquarters)		Fax					
City (headquarters)		E-mail address 1					
PO Box		E-mail address 2					
Country							
(headquarters)		Website address					
Parent Company or		Subsidiaries/ Associates/					
name of owner		Overseas Representative					
Sales Person's Name		Sales Person's Position					
Sales Person's phone		Sales Persons' E-mail					
-	any: Chairman, Vice-Chairman, Treas		Directors or Board of Trustees				
Name (as in passport		Date of birth (mm/dd/yyyy)					
or other government-							
issued photo ID)							
Government-issued		Type of ID					
photo Identification							
Document (ID) number							
ID country of issuance		Rank or title in organization					
Other names used		Gender (e.g. male, female)					
(nicknames or							
pseudonyms not listed							
as "Name") Current employer and		Occupation					
job title:		Occupation					
Address of residence		Citizenship(s)					
Province/Region		E-mail address					
Is the individual a U.S.		Professional Licenses –					
citizen or legal	□Yes □No	State Issued Certifications					
permanent resident?							
	any: CEO, Executive Director, Deput	ty Director, President or Vice-Presi	ident				
Name (as in passport		Date of birth (mm/dd/yyyy)					
or other government-							
issued photo ID)							
Government-issued		type of ID					
photo Identification							
Document (ID) number							
ID country of issuance		Rank or title in organization					
Other names used		Gender (e.g. male, female)					
(nicknames or							
pseudonyms not listed							
as "Name")							
Current employer and		Occupation					
job title:							
Address of residence		Citizenship(s)					



Province/Region			E-mail addresses				
Is the individual a U.S.	□Yes	□No	Professional Licenses –				
citizen or legal		-	State Issued Certifications				
permanent resident? Management of the company: Chief Finance Officer or Chief Accountant							
Name (as in passport	Date of birth (mm/dd/yyyy)						
or other government-							
issued photo ID)							
Government-issued			type of ID				
photo Identification Document (ID) number							
ID country of issuance			Rank or title in organization				
Other names used			Gender (e.g. male, female)				
(nicknames or							
pseudonyms not listed							
as "Name") Current employer and			Occupation				
job title:			Occupation				
Address of residence			Citizenship(s)				
Province/Region			E-mail addresses				
Is the individual a U.S.			Professional Licenses –				
citizen or legal	□Yes	□No	State Issued Certifications				
permanent resident?							
Company's staff & insura No. Full Time	ince						
Employees:			Employee average work wage per hour:				
			Any employee(s) with relative	s working with			
		ACTED?		□Yes	□No		
No. of Children:	What is the legal minimum wage paid?		□No				
In what capacity?	Are paid vacations offered?		□Yes	□No			
What are their ages?	Are flexible working hours offered?		□Yes	□No			
Name of insurance		Staff covered by health insurance?		□No			
company: Description of the Compa	anv						
	🗆 Manufacturir	na	Manufacturin	a			
Type of Business							
(multiple choices possible):	Consulting Company						
pecciaio).	□ Authorized Agent □ Other, please specify :						
Sector of Business	🗌 Goods / sup	plies	□ Works				
(multiple choices	□ Services						
possible):	□ Equipment □ Other, please s			e specify :			
Year Established:			Country of registration:				
Licence number:			Valid until:				
	English						
Working languages:							
Working languages.				an a sife (
	□ Spanish			e specify :			
Technical documents	English		□ Arabic				
available in:	French Chinese						
	□ Spanish □ Other, please specify :						
B. Financial Information							
VAT Number:			Tax Number:				
Bank Name:			Bank Account Number:				
Bank Address:			Account Name:				



Swift/BI	C number:				Standard Payment Terms:			
Has the company been audited in the last 3 years?			□Yes □No					
Please attach a copy of the company's most recent Annual or Audited Financial Report							□ Attached	
Annual Value of Total Sales for the last 3 Years:								
Year:				Year:		Year:		
USD:) - (4	0	USD:		USD		
Annual Year:	Annual Value of Export Sales for the last 3 years							
USD:			Year: USD:			Year: USD:		
C. Exp	C. Experience							
Compai	ny's recent busine	ess with ACTED	and/or	other Interna	tional Aid Agencies or United Nation	ns Agencies:		
		Contact	Dhama/E mail					
#	Organisation	person	Phone/E-mail		Goods/Works/Services	Value (USD)		Destination
1			_					
2								
3								
4								
5								
	your company's	main area of				·		
expertis What is	se? your company's	husiness						
	ge area?	DUSITIESS	□ Nat	ional	Restricted to (specify location) :			
To whic	h countries has y							
	ny exported and/o							
	projects in the last 3 years? Provide any other information that							
	strates your comp							
qualifica	qualifications and experience (eg.							
awards		4 1						
	national or interr Professional Orga							
	our company is a							
D. Tec	hnical Capabil	ity				I		
Type of Quality Assurance Certificate						□ Attached		
Type of Certification/Qualification						□ Attached		
Docume	ents ional Offices/Rep	resentation						
	ow up to 10 of the		d/or Ser	vices your co	ompany sells:			
1)	-		6)	-				
2)			7)					
	3) 8)							
4)	4) 9)							
5) 10)								
List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, premises & warehouses, production sites etc.)								
1)								
2)								
3)								
4)								
5) 10)								
E. Miscellaneous								
Does yo	our company have	e an Environme	ntal Poli	cy? (Yes/No)	l	□Ye	s [⊐No
Does your company have an Ethical Trading Policy? (Yes/No)					□Ye	s [⊐No	



Т

Does your company have an Anti-terrorist Policy? (Yes/No)									
Is your company compliant with the EU General Data Protection Regulation (or equivaler (Yes/No)	Yes □No								
If you answered yes to the above two questions, please attach copies of your policy:	□ Attached								
Has your company ever been bankrupt, or is in the process of being wound up, having its by the courts, has entered into an arrangement with creditors, has suspended business a of proceedings concerning these matters, or is in any analogous situation arising from a s provided for in national law?	□Yes	□No							
If you answered yes, please provide details:									
Has your company ever been convicted of an offence concerning its professional conduct as force of res judicata?	t by a judgment which	□Yes	□No						
If you answered yes, please provide details:									
Has your company ever been guilty of grave professional misconduct proven by other me	eans?	□Yes	□No						
If you answered yes, please provide details:									
Has your company ever not fulfilled its obligations relating to the payment of social securi payment of taxes in accordance with the law of the country in which it is established, or we those of the country where the contract is to be performed?	ty contributions, or the ith those of France, or	□Yes	□No						
If you answered yes, please provide details:									
Has your company ever been the subject of a judgement, which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity?									
If you answered yes, please provide details:									
Has your company ever been declared to be in serious breach of contract for failure to comply with its contractual obligations, following another procurement procedure or grant award procedure financed by a donor Country?									
If you answered yes, please provide details:									
Has your company ever been declared to be in serious breach of contract for failure to comply with its contractual obligations, following another procurement procedure or grant award procedure financed by a donor country?									
If you answered yes, please provide details:									
Has your company ever been in any dispute with any Government Agency, the United Na Aid Organisations (including ACTED)?	□Yes	□No							
If you answered yes, please provide details:									
	□Yes □No □O you accept visit of ACTED staff & external auditors to your office?		□No						
PART II: CERTIFICATION									
I, the undersigned warrant that the information provided in this form is correct, and in the event of changes, details will be provided to ACTED as soon as possible in writing. I also understand that ACTED does not do business with companies, or any affiliates or subsidiaries, which engage in any practices that are in breach of ACTED's Child Protection, Sexual Exploitation and Abuse Protection, Conflict of Interest, Anti-fraud, Anti-terrorism Policy and Data Protection Policies (available on request).									
Name: Date:									
Title/Position Place:									



contac	E-mail address (for contact for verification purposes):				
Phone number (for contact for verification purposes):		npany np:			
Chec	k list of supporting documents			For ACTED use only	
1)	Trading license	□ Attached			
2)	VAT registration/tax clearance certificate	□ Attached		Checked	
3)	Company profile	□ Attached		Checked	
4)	Proof of trading/dealership/agent	□ Attached		Checked	
5)	Evidence of similar contracts	□ Attached		Checked	
6)	References	□ Attached		Checked	
7)	Particulars of CEO and key personnel	Attached		Checked	
8)	Articles of Association & Certificate of incorporation	□ Attached		Checked	
9)	Financial statements (latest)	□ Attached □ Checked		Checked	
10)	Other (specify):	□ Attached □ Checked			

Company Name:

Authorized Representative Name:

Signature:

Stamp: